MISSOURI MONTHLY VITAL STATISTICS

Provisional Statistics

From The

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Focus. . .Statewide Quality of Care Results from the 2001 Consumer's Guide to Managed Care in Missouri

The Department of Health and Senior Services (DHSS) publishes the Show Me Consumer's Guide on managed care plans in the state. Managed care includes both Health Maintenance Organizations (HMO) and Point of Service (POS) options. The primary objective of the Consumer's Guide is to assist health care consumers and purchasers with making informed choices regarding managed care through reports on the quality of care, access to care and member satisfaction.

DHSS uses nationally accepted indicators, following the technical guidelines published by the National Committee for Quality Assurance (NCQA). Among other measures, NCQA employs the Health Plan Employer Data and Information Set (HEDIS®), a tool consisting of a set of standardized measures designed to allow for reliable comparisons of the performance of managed care organizations.[1]

The data for this year's guide were presented in three separate Consumer's Guides for each type of payor: Commercial, Medicare (M+C), and Medicaid (MC+). Only managed care plans that filed performance data for the full reporting year were included in the guides. This article looks at the quality of care measures reported in the Consumer's Guides 2001. These measures are compared to national and statewide averages.

HEDIS®Quality Performance Measurements

For the 2001 Guide, DHSS specified several indicators that managed care plans in Missouri were required to report for data year 2000. These measures reflect the percentages of continuously enrolled individuals that received the following preventive services.

1. Child Immunizations: children turning two years of age during the reporting year receiving the recommended age appropriate immunizations for diphtheria, tetanus, whooping cough, polio, measles-mumps-rubella (MMR), flu, and hepatitis B.
2. Adolescent Immunizations: adolescents turning thirteen years of age during the reporting year receiving a measles, mumps and rubella booster and the hepatitis B series.
3. Breast Cancer Screening: women (ages 52-69) having at least one mammogram during the measurement year or one year prior.
4. Cervical Cancer Screening: women (ages 21-64) having one or more Pap tests during the measurement year and one year prior.
5. Controlling High Blood Pressure: plan enrollees (ages 46-85) who are considered hypertensive and have had at least one outpatient hypertensive encounter during the first six months of the measurement year.
6. Cholesterol Management After Acute Cardiovascular Event: plan enrollees (ages 18-75) who during the measurement year had:
   - An acute myocardial infarction (AMI);
   - Coronary artery bypass (CABG); or
   - Percutaneous transluminal coronary angioplasty (PTCA); and
   - Had evidence of LDL-C screening and an LDL-C <130mg/dL.

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Table 1 Average Percentages for Six HEDIS 2000 & 2001 Measures

HEDIS Measures	Commercial				Medicare (M+C)				MC+			
	MO		US		MO		US		MO		US	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
	%	%	%	%	%	%	%	%	%	%	%	%
Annual Dental Visit	--	--	--	--	--	--	--	--	31	29	--	--
Breast Cancer Screening	72	72	73	73	76	76	72	73	--	--	--	--
Cervical Cancer Screening	--	--	--	--	--	--	--	--	54	52	--	--
Cholesterol Management After Acute Cardiovascular Event	--	63	--	74	--	67	--	--	--	--	--	--
Childhood Immunization Status	50	52	64	64	--	--	--	--	44	48	--	--
Adolescent Immunization Status	15	26	30	30	--	--	--	--	--	29	--	--

7. Comprehensive Diabetes Care: plan enrollees (ages 18-75) who, during the measurement year, had:
   - Retinal Eye Exam: dilated eye exam performed.
   - HbA1c Testing: at least one blood glucose test.
   - HbA1c Poorly Controlled: the most recent HbA1c level are greater than 9.5 percent.
   - LDL-C Screening: lipid profile performed.
   - LDL-C Level: lipids controlled (LDL<130 mg/dl).
   - Monitoring Nephropathy: screening for evidence of kidney disease due to diabetes.
8. Anti-depressant Medication Management: members (18 or older) diagnosed with a new episode of depression, treated with antidepressant medication and who:
   - Anti-depressant Medication Follow-up: had at least three follow-up practitioner visits.
   - Effective Acute Phase Treatment: remained on medication during the entire 84-day Acute Treatment Phase.
   - Effective Continuation Phase Treatment: remained on medication at least 180 days.
9. Annual Dental Visit: members (ages 4-24) having at least one dental visit during the measurement year.

Commercial plans were required to report on all measures above, with the exception of cervical cancer screening and annual dental visits. Medicare (M+C) reported the same set, exclusive of the two immunization measures. The MC+ plans reported the two immunization measures, cervical cancer screening, and annual dental visits. Rates discussed in this article are averages, within payor type, for all reporting Missouri or U.S. managed care plans.

The anti-depressant management measure was dropped from the report due to NCQA's omission in the list of medications used to identify compliance with two elements — the Acute and Continuation Phase Treatment rates.[2] Specifically, a commonly prescribed dosage of a popular antidepressant, Paxil, was omitted from the list of codes that NCQA provides to health plans to use as a reference for identifying compliant events.

Commercial Managed Care Measures

In general, commercial managed care plans in Missouri in 2000 did not demonstrate a sizable improvement on the repeated HEDIS® performance measures compared to the previous year.[3] The most significant rate increase (See Table 1) was in Adolescent Immunization Status. The rate nearly doubled from 15% to 26%. The rate is significantly short of the national average and well below the Missouri goal of 70%.[4]

Rates for diabetic eye exams to prevent blindness rose two percentage points. (See Table 2) Hemoglobin A1C and lipid level testing, both important measures for prevention of diabetic problems, also increased at 78 percent and 71 percent, respectively. Medicare plans showed improved monitoring for kidney disease compared to the previous year (42% vs. 32%). This was also a marked increase over the national Medicare plan average for this measure. For commercial plans, only slightly more than a third of potential targeted enrollees were monitored for kidney disease. This rate is consistent with national averages for both Commercial and Medicare plans.

Medicare Managed Care Measures

The percentage of women enrolled in Medicare Managed Care (M+C) programs who had mammograms remained at 76 percent. However, this is

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Table 2 Average Percentages for HEDIS 2001 & 2002 Measures: Comprehensive Diabetic Care

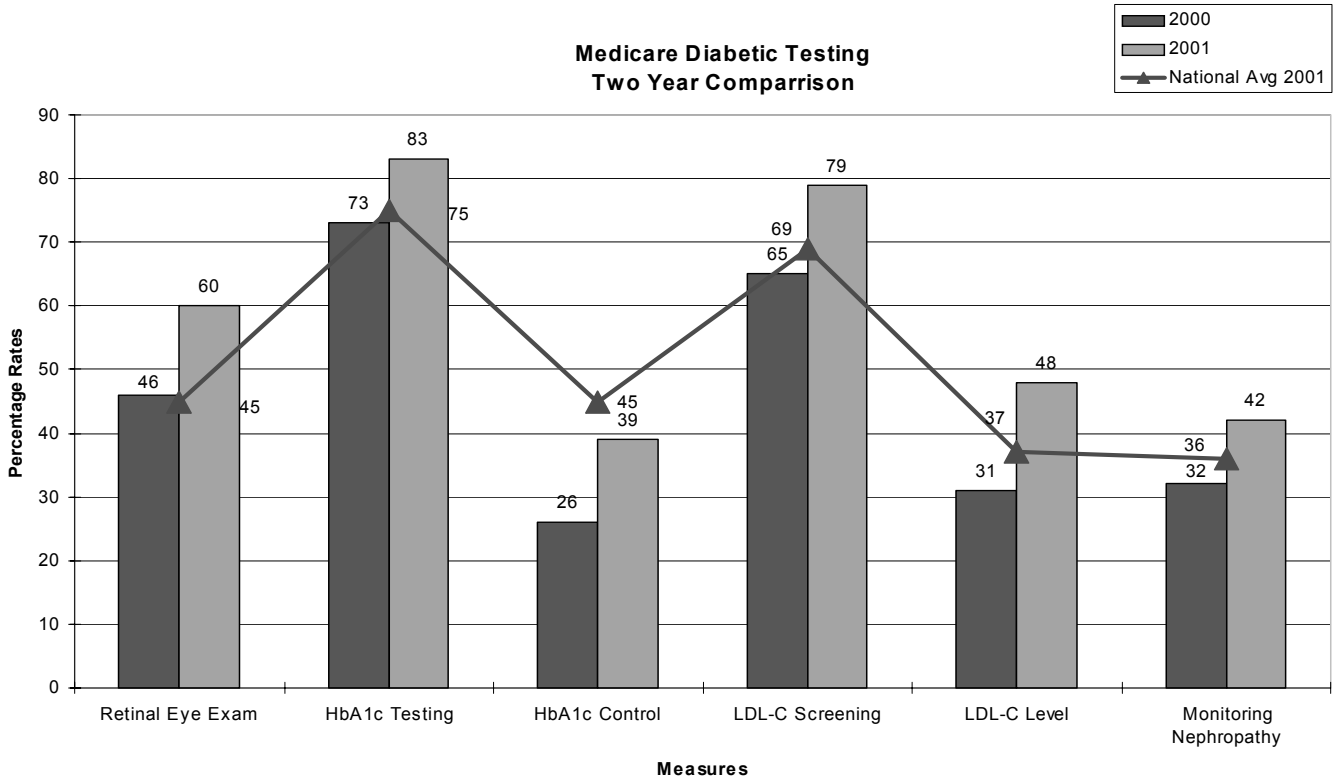
HEDIS Measures	Commercial				Medicare			
	MO		US		MO		US	
	2000	2001	2000	2001	2000	2001	2000	2001
	%	%	%	%	%	%	%	%
Retinal Eye Exam	41	43	45	45	46	60	59	45
HbA1c Testing	74	78	75	75	73	83	78	75
HbA1c Control	46	46	45	45	26	39	35	45
LDL-C Screening	65	71	69	69	65	79	72	69
LDL-C Level	35	40	37	37	31	48	43	37
Monitoring Nephropathy	36	37	36	36	32	42	38	36

still higher than the national average of 73 percent. Controlling Hemoglobin A1c levels was very low, with a state rate of 39 percent compared to the national average of 45 percent. While this measure is low, it is a statistically significant improvement over last year's rate of 26 percent. All other diabetes measures exhibited a strong showing over last year compared to the national averages. Medicare plans showed improved monitoring for kidney disease, compared to the previous year (42% vs. 32%). There was a significant increase in the same measures from 2000 to 2001 (See Figure 1). With the exception of HbA1c control, all other diabetic care measures for 2001 were higher than the national statistics for that year.

Medicaid Managed Care Measures

No reportable national comparison rates exist for Medicaid HEDIS® managed care indicators. The Medicaid Managed Care (MC+) cervical cancer screening and annual dental visit rates were 52% and 29% respectively. These rates reflect a decrease of 2 percentage points for both rates compared to last year's rates of 54% and 31%. Childhood and adolescent immunizations rates exhibited a noticeable improvement

Figure 1 Average Percents for HEDIS 2000 & 2001 Measures Compared to 2001 National Averages



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for MC+ plans compared to last year. Childhood immunization rates were 48% compared to 44% previously. Adolescent immunizations, similar to the state commercial plan rate (See Table 1) averaged 29%, a statistically significant increase over last year by 13 percentage points. Table 1 compares six HEDIS® measures for Commercial, Medicare (M+C), and MC+ (Medicaid).

National Accreditation

Why is accreditation important? Accreditation, simply put, is a "seal of approval." If a health plan is accredited, it has passed a rigorous and comprehensive evaluation process. The program assesses not only the core systems and processes that make up a health plan, but the results the plan actually achieves on key measures of care and service. The accreditation program is in response to the demand for standardized, objective information about the quality of these organizations.

The accreditation program encourages health plans to improve. Many large employers will not do business with a health plan unless it has earned accreditation.[5]

Missouri managed care plans may voluntarily seek and qualify for accreditation, indicating that they meet national quality standards from the following organizations: National Committee for Quality Assurance (NCQA), Utilization Review Accreditation Committee (URAC), and Joint Commission Accreditation of Healthcare Organizations (JCAHO).[6] Of the 17 commercial plans, only nine are accredited. Medicare (M+C) has three plans accredited out of seven. Of the ten Medicaid plans, none are accredited. Plan-specific information on accreditation is available in the Consumer's Guides 2001.

Summary

The state rates presented in this article are averaged across the managed care plans within payor type. The results presented here suggest that most Missouri managed care plans exhibited similar or higher performance, compared to national rates for the same quality of care measures. However, they still fall short of their potential for providing quality preventive care services to a majority of their members.

References

[1] Information concerning the National Committee for Quality Assurance and HEDIS can be obtained on the Website of the National Committee for Quality Assurance at: www.ncqa.org.

[2] NCQA Memorandum; HEDIS Antidepressant Medication Management Measure; August 8, 2001.

[3] An article reporting quality of care rates from the 2000 Managed Care Consumers Guides appeared in the January 2001 Focus.

[4] NCQA national figures are taken from National Committee for Quality Assurance, QUALITY COMPASS™ 2001 v2.

[5] NCQA; Why is Accreditation Important?; http://www.ncqa.org/Programs/Accreditation/MCO/images/1228_MCO%20Insert.pdf

[6] Information about accreditation requirements can be viewed on the Internet sites for each of the three organizations: (NCQA) http://www.ncqa.org/; (URAC) http://www.urac.org/; (JCAHO) http://www.jcaho.org/.

Provisional Vital Statistics for October 2001

Live births increased in January as 6,840 Missouri babies were born compared with 5,638 in October 2000. Cumulative births for the 10- and 12- month periods ending with October both show slight increases.

Deaths show little change for all three times periods shown below. For the January - October time period deaths increased by 0.4 percent as the death rate remained the same, 9.9 per 1,000 population.

The **Natural increase** in October was 1,805 (6,840 births minus 5,035 deaths). For the 12 months ending with October, the natural increase went up from 20,883 in 2000 to 22,559 in 2001.

Marriages and **Dissolutions of marriage** both decreased for all three time periods shown below. For the 12 months ending with October, the marriage to divorce ratio increased from 1.67 to 1.72.

Infant deaths increased for all three time periods shown below. For January - October, the infant death rate increased from 7.5 to 8.2 per 1,000 live births.

PROVISIONAL VITAL STATISTICS FOR OCTOBER 2001

Item	October				Jan.-Oct. cumulative				12 months ending with October				
	Number		Rate*		Number		Rate*		Number		Rate*		
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001	1999	2000	2001
Live Births	5,638	6,840	11.2	14.3	63,612	63,692	13.6	13.6	76,226	76,929	13.7	13.6	13.7
Deaths	5,027	5,035	10.0	10.5	46,121	46,317	9.9	9.9	55,343	54,370	9.9	9.9	9.7
Natural increase ...	611	1,805	1.2	3.8	17,491	17,375	3.7	3.7	20,883	22,559	3.9	3.7	4.0
Marriages	4,575	4,110	9.1	8.6	38,955	38,796	8.4	8.3	44,709	43,566	8.0	8.0	7.7
Dissolutions	2,369	2,315	4.7	4.8	22,339	21,223	4.8	4.5	26,832	25,348	4.4	4.8	4.5
Infant deaths	49	58	8.7	8.5	476	525	7.5	8.2	581	590	7.5	7.6	7.7
Population base .... (in thousands)	...	...	5,595	5,642	...	...	5,595	5,642	...	...	5,539	5,587	5,634

* Rates for live births, deaths, natural increase, marriages and dissolutions are computed on the number per 1000 estimated population. The infant death rate is based on the number of infant deaths per 1000 live births. Rates are adjusted to account for varying lengths of monthly reporting periods.